

03-04-02

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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26990 7590 12/12/2005

DAVID B. WALLER & ASSOCIATES
 5677 OBERLIN DRIVE
 SUITE 214

03/08/2006 SDENB02 00000003 10721035

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

DAVID B. WALLER (Depositor's name)
 [Signature] (Signature)
 3/6/06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,035	11/21/2003	Helen T. Pham	PHA.001.P	5030

TITLE OF INVENTION: HEAD AND NECK SUN SHIELD FOR A RECLINING SUNBATHER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/13/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CANFIELD, ROBERT	3635	135-124000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DAVID B. WALLER :
 ASSOCIATES
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Date 3/6/06

Typed or printed name DAVID B. WALLER

Registration No. 43978

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Docket No.: PHA.001.P
Express Mail No.:EV393144657US

ISSUE FEE PAYMENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Helen T. Pham
Applicant No.: 10/721,035
Filed: 21 November 2003
Title: "A HEAD AND NECK SHIELD FOR A RECLINING SUNBATHER"

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Mail Stop: Issue Fee
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U.S.P.T.O.
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the enclosures listed below are being deposited with the United States Postal Service "EXPRESS MAIL Post Office to Addressee" service under 37 C.F.R. § 1.10, Mailing Label Certificate No.: EV393144657US, on 6 March 2006, addressed to: Mail Stop: Issue Fee, Commissioner for Patents, U.S.P.T.O. Box 1450 Alexandria, VA 22313-1450.

Respectfully submitted,

David B. Waller
Patent Agent No.: 43,978

Enclosures:

Fee Transmittal sheet, 1 page
Transmittal + Duplicate, 2 pages
Return Postcard
Check No.: 1622 for \$1,000.00



Docket No.: PHA.001.P
Express Mail No.:EV393144657US

ISSUE FEE PAYMENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Helen T. Pham
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Mail Stop: Issue Fee
Commissioner for Patents
U.S.P.T.O.
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FORM

Dear Sir:

Transmitted herewith for filing is the patent application entitled listed above from Inventor Helen T. Pham. Enclosed are:

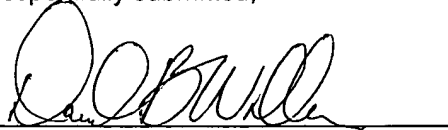
- ☒ Issue Fee Transmittal sheet, 1 page
☐ A regular patent application specification and 14 claims, 36 pages
☐ Sheets of formal drawings, 2 pages
☐ A Declaration, 2 pages
☐ An Assignment
☐ A verified statement to establish small entity status under 37 C.F.R §1.9 and 37 C.F.R §1.27
☐ The additional claims fee has been calculated as shown below.
☒ Certificate of Mailing by "Express Mail"
☐ Information Disclosure Statement
☒ A return post card

For	No. Filed	No. Extra	Rate	Fee
Dependent Claims		0	0x \$9.00 =	\$ 0.00
Independent Claims		0	0x \$43.00 =	\$ 0.00
Multiple Dependent Claims		0	0x \$135.00 =	\$ 0.00
Assignment Fee			\$40.00	\$ 0.00
Issue Fee			\$1,000.00	\$1,000.00
TOTAL FEE:				\$1,000.00

- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.

- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____.
- ☐ Any additional filing fees required under 37 C.F.R §1.16
- ☐ Any patent application processing fees under 37 C.F.R §1.17
- ☒ A check for the filing fee in the amount of one thousand dollars (\$1,000.00) is enclosed, Check No.: 1622.

Respectfully submitted,



David B. Waller

Please send all correspondence to:

David B. Waller
5677 Oberlin Drive, Suite 214
San Diego, CA 92121
Phone: (858) 457-2014
Facsimile: (858) 457-2803
E-mail: dbwipmg@sbcglobal.net